

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4457ADC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2010
NAME OF PROVIDER OR SUPPLIER NEW LIFE ADULT DAY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 SPRING MOUNTAIN RD LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 3/22/10 and 3/25/10.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Facilities For Care Of Adults During The Day, regulations adopted by the Nevada State Board of Health on June 23, 1986.</p> <p>The facility was licensed for 201 total day care clients. The census at the time of the survey was 147. Twenty-five resident files were reviewed and ten employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	U 000		
U 27 SS=C	<p>449.4069 INSURANCE</p> <p>3. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the division before the effective date of a cancellation or non renewal of the policy. This Regulation is not met as evidenced by: Based on observation and interview on 3/22/10, the facility failed to have an insurance policy that contained an endorsement providing for a notice of cancellation to the Bureau of Health Care Quality and Compliance.</p> <p>Severity: 1 Scope: 3</p>	U 27		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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U 56 SS=F	<p>449.4072 DIRECTOR AND EMPLOYEES</p> <p>3. Every employee of the facility: (b) Shall provide the division: (1) upon his initial employment, with the results of a physical examination conducted within the preceding 6 months, or with a copy of his medical records for the preceding 3 years, certified by a physician. This Regulation is not met as evidenced by: Based upon record review on 3/22/10, the facility failed to ensure 9 of 10 sampled employees had a pre-employment physical examination (Employee #1, #2, #3, #4, #5, #6, #7, #8 and #9).</p> <p>Severity: 2 Scope: 3</p>	U 56			
U 57 SS=F	<p>449.4072 DIRECTOR AND EMPLOYEES</p> <p>3. Every employee of the facility: (b) Shall provide the division: (2) Upon his initial employment, with a negative report of a tuberculin test conducted within the preceding 6 months. Thereafter, a tuberculin test must be completed every 2 years. If the report of the tuberculin test is positive, he shall provide an X-ray film of his chest. This Regulation is not met as evidenced by: Based upon record review on 3/22/10, the facility failed to ensure 6 of 10 sampled employees had a current two-step Tuberculin skin test (Employee #2, #4, #5, #7, #8 and #9).</p> <p>Severity: 2 Scope: 3</p>	U 57			
U 72 SS=F	<p>449.40725 Orientation and Training of Employees</p> <p>All employees and volunteers at the facility: 3. Must receive training at the facility on a regular basis, but not less than 12 hours per year.</p>	U 72			

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U 72	Continued From page 2 This Regulation is not met as evidenced by: Based on record review and interview on 3/22/10, the facility failed to ensure 10 of 10 employees received not less than 12 hours of training per year. Severity: 2 Scope: 3	U 72		
U 85 SS=A	449.4073 Files Concerning Employees A separate file must be maintained and kept current on each employee. The file must include the following: 1. The employee's: (f) Application for employment. This Regulation is not met as evidenced by: Based on observation on 3/22/10, the facility failed to include an application for employment in 1 of 10 employee's files (Employee #10). Severity: 1 Scope: 1	U 85		
U 88 SS=C	449.4073 Files Concerning Employees A separate file must be maintained and kept current on each employee. The file must include the following: 4. Reports of periodic evaluations of the employee. This Regulation is not met as evidenced by: Based upon record review on 3/22/10, the facility failed to ensure 10 of 10 sampled employees had periodic evaluations (Employee #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). During an interview Employee #10 stated the facility failed to keep documentation of evaluation reviews for all employees. Severity: 1 Scope: 3	U 88		

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U170 SS=F	<p>449.4082 Service of Food; Dietary Consultants</p> <p>1. Adequate facilities and equipment for the preparation, service and storage of food must be provided and meet the standards of the division. This Regulation is not met as evidenced by: Based on observations on 3/25/10, the facility failed to provide adequate facilities and equipment for the preparation, service and storage of food that meet the standards of the division. Findings include:</p> <p>1. Critical Violations</p> <p>a. The foodhandlers were not washing their hands before handling food and when changing their gloves.</p> <p>b. The person washing the kitchenware and tableware was not sanitizing them, but was only washing and rinsing them.</p> <p>c. The kitchen door to the outside was left open, and an open container of cut produce was left near the open door.</p> <p>d. There was an unlabeled jar of detergent in the kitchen.</p> <p>e. There were many food items, including potentially hazardous food items, that were improperly labeled or unlabeled.</p> <p>f. There were many containers of potentially hazardous foods that were not dated.</p> <p>g. There was a bus pan of beef bones on the floor under a storage rack in the kitchen.</p> <p>h. Access to the hand washing sink in the kitchen was obstructed by a large cart.</p>	U170		

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U170	<p>Continued From page 4</p> <p>2. Cleaning and Sanitation Issues</p> <p>a. There were no working thermometers in the reach-in refrigerator and reach-in freezer.</p> <p>b. The wet wiping cloths were not stored in sanitizer solution.</p> <p>c. A container of clean utensils was stored on the floor under the hand washing sink.</p> <p>d. Empty jars and other single-use containers were used for food storage.</p> <p>3. Equipment and Maintenance Issues</p> <p>a. The rice cooker was installed on a chair.</p> <p>b. There were card tables in the kitchen used for food storage and preparation.</p> <p>c. There was a household grade microwave in the kitchen.</p> <p>d. Milk crates were being used as storage racks.</p> <p>e. The pass-through window had an unfinished, particle board edge on the kitchen side of the window.</p> <p>f. Many items not essential to food storage, preparation, and service were stored in the kitchen, such as shoes, empty bags and jars, and staff food items.</p> <p>Severity: 2 Scope: 3</p>	U170		

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